



LEE COUNTY
S O U T H W E S T F L O R I D A

BOARD OF COUNTY COMMISSIONERS

LEE COUNTY UTILITIES
SMALL BUSINESS WASTE SURVEY

Date: _____ (please print or type clearly)

Business Name: _____ **SIC CODE:** _____
(if unknown, leave blank)

Address: _____ Phone: _____

Proprietor: _____

Address: _____ Phone: _____

Person Filling Out This Form: _____ Title: _____

Business Location: **Lee County** ___ **Yes** ___ **No**, **City of Fort Myers** ___ **Yes** ___ **No**

Business Days: ___ thru ___. Hours: ___ am/pm to ___ am/pm. # Employees: ___

Give Brief Description Of Process Or Business Function: _____

WATER SOURCE (S)

Municipal: ___ Ground (well) ___ Surface (pond, lake) ___ **CITY** ___ **COUNTY** ___

Estimated Use: ___ Gals/Day. Metered: ___ Yes ___ No. If Yes, Describe Method: ___

Drinking: ___ % ___ GPD Cooling: ___ % ___ GPD Sanitary: ___ % ___ GPD

Wash Down of Equipment: ___ % ___ GPD Other/Process ___ % ___ GPD

Specify Use Of Other/Process: _____

WASTEWATER DISCHARGE: SEWER ___ SEPTIC ___, CITY ___ COUNTY ___

Check Off Any Items Used On A Daily Or Regular Basis

| Table I | Gals./Lbs. | Per Year | Gals./Lbs. | Per Year |
|---------------------|-------------------|-----------------|-----------------------|-----------------|
| Acids | () | _____ | Alkalies | () _____ |
| Inks | () | _____ | Dyes | () _____ |
| Oils | () | _____ | Grease | () _____ |
| Paints | () | _____ | Solvents | () _____ |
| Thinners | () | _____ | Pesticides | () _____ |
| Detergents | () | _____ | Soaps | () _____ |
| Sanitizing Products | () | _____ | Photographic (Silver) | _____ |
| Other | () | Specify: _____ | | |

For The Above Mentioned Items, Does Your Company Practice:

Any pretreatment of wastewater prior to discharge into sanitary sewer? ___Yes ___No

Do you have any laboratory Analysis of your discharged wastewater? ___Yes ___No
(please enclose)

() On Site Waste Storage

() On Site Waste Disposal

() Off Site Waste Storage

() Off Site Waste Disposal

Do you employ a Waste Disposal Service? ___Yes ___No

If so: Name: _____ Phone: _____

Address: _____ Frequency: _____

What types of wastes does this service take care of? List items from Table I: _____

Are grease traps/oil separators in service? ___Yes ___No. How many: _____

Capacity in gallons: _____ Do you employ a waste hauler service? ___Yes ___No

If so: Name: _____ Phone: _____

Address: _____ Frequency: _____

Date

Signature (Seal, if applicable)

**MAIL TO: LEE COUNTY UTILITIES
INDUSTRIAL PRETREATMENT SUPERINTENDENT
17155 PINE RIDGE ROAD
FORT MYERS, FL 33931
ATTENTION: PAYNE MOORE**

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